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CLINICS.

CLINICAL LECTURES.

A Lecture on Diseases of the Heart in the British Army; the Cause and the Remedy.—By M. C. MACLEAN, M. D., Deputy Inspector-General; Professor of Military Medicine, Army Medical School, Royal Victoria Hospital, Netley.

GENTLEMEN: It may be asked, are the diseases of the heart and great vessels more prevalent in the army than in civil life? I think they are.

I have often told you, that it is one of the drawbacks to our regimental system that some of our medical officers, until they come to do duty in such an hospital as this, are often imperfectly impressed with the real extent to which certain diseases prevail in the army. They see a certain limited number of cases, year after year, in

their regimental hospitals, and, forgetting to multiply these by the number of battalions, they have no adequate knowledge of the extent to which certain diseases prevail, or the losses which the state suffers in men and money from them. It is only when they come to do duty in such an establishment as this (the Royal Victoria Hospital, Netley), where individuals from all parts of the world pass in review before us, that the eyes of many are opened. Many excellent and experienced staff-surgeons, who have served in all parts of the world, have expressed their astonishment to me on seeing for the first time the sad procession through our wards of so many men in every stage of phthisis and heart-disease; too many of them as clearly traceable to a remediable cause, as a case of inflamed eye to a visible particle of dust on its surface.

The hospital opened March 9th, 1863.

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VOL. XXV.—5

From that date to the present month, December, 1866, 5500 patients passed through the Medical Division. 492 of the above were admitted for diseases of the heart; the great majority being men in the prime of life. Of these, 463 were lost to the service—that is, invalided.

This is only a part of the truth. I cannot tell you how many men, invalided from the Surgical Division, had heart-affection, that would, even had there been no surgical disability, have made them unfit for duty. Nor can I tell you how many men discharged from what we here call the Convalescent Division (the side of the house in which men about to be invalided, but requiring no medical treatment, are quartered) suffered in this way; but I do not doubt that the number was considerable. Nor must I forget to remind you that, in this hospital, we only see invalids from foreign stations. We know nothing here of the invaliding of men from home stations. But I can tell you that, when this school was located in Fort Pitt, and when invalids from the various districts and commands in Great Britain were sent there to be disposed of, I myself saw, between July 12th, 1860, and June 30th, 1861, 2769 men discharged the service. Of these, 445 (or 16.07 per cent.) were under two years' service; and of the 445 laid thus discharged, heart diseases made up 13.7 per cent. From July 1st, 1861, to June 30th, 1862, 4087 men were discharged the service; 569 of them (or 13.92 per cent.) had less than two years' service; and of these, 14.76 per cent. were lost to the service from heart-diseases.

But even this is not the whole truth. The above figures tell us nothing about the Royal Artillery, the Household Troops, or that large portion of the British army quartered in Ireland.

Surely, I have said enough to awaken your attention. Let us now inquire into the cause or causes of all this suffering, costly invaliding, and inefficiency, with a view to the adoption of a remedy.

The return I hold in my hand shows that, out of the total admissions already given, 252 of our patients were entered as cases of valvular disease. Now, as I have often pointed out to you in the wards, the great majority of these men had none of the signs of valvular disease at all. No murmurs! Why is this? The official

nomenclature in use in the service has no heading under which to include what may be called "irritable heart"—that rapid, often tumultuous action so common among soldiers; and which, once established, is never got rid of so long as a man remains in the army and wears the dress and accoutrements of the infantry soldier. Such cases we are obliged to group either under the head of *Morb. Valv. Cord.* or *Hypertroph. Cord.*

Again, I have often pointed out to you that nothing is more common, than to see cases here of well-marked hypertrophy of the heart without valvular disease. The obstacle is not at the outlets of the heart's chambers; it is one which interferes with the free and healthy play of the organ. Look at this preparation. Mark this remarkable white spot on the external surface of this heart. It is as large, you see, as a five-shilling piece. What is it? Nothing, apparently, but a substance analogous to a corn; as much the result of friction and undue pressure, as are the torturing corns with which we are afflicted by unskilful boot-makers. We call it here "the soldier's spot," so common is it on the hearts of soldiers at our *post-mortem* examinations. With this hypertrophy, there is almost always dilatation. In cases of long standing, this leads to valvular derangement, giving rise to murmurs. This is the history of that large number of cases in which we have distinct cardiac murmurs, with no history of rheumatism, acute or chronic, to account for them.

Now, how can we account for the occurrence of this large amount of heart-disease? How far can we trace it to rheumatism? Out of all our cases only seven had a distinct history of pericarditis, three of carditis, and one of endocarditis; and, although rheumatism—"the pains"—is of all diseases the most commonly complained of in the army, a vast number of our young men discharged the service had no history of rheumatism at all. Can we trace it to intemperance, particularly in cases of irritable heart? We must give the same reply. Intemperance is common, too common, among soldiers; but a large proportion of our young men are lost to the service ere they have contracted the baneful habit of spirit-drinking. It has been attributed to excessive smoking; but is there any evidence that soldiers smoke

more than people of the same class in civil life? Certainly not. Neither have we any reliable facts to show that the use of tobacco, even to excess, can account for even one of the various forms of heart-disease, functional or organic, for which we are obliged to discharge so many of our soldiers of all ages.

Is it that soldiers are called upon to make greater exertions than the labouring and manufacturing classes? When I brought the subject of the present system of accoutring the army before a meeting of the Royal United Service Institution, I put the same question, and replied to it thus: "Doubtless the soldier has, at drills, marches, and field-days, to put forth considerable exertion; but is this more, or so much, as we see daily done by our navvies and others of the labouring classes? I think not. We must look, then, to the different conditions under which the two classes work. A labouring man or mechanic, when he addresses himself to his work, lays aside every weight and every article of dress that can in the slightest degree interfere with the free movement of his chest and limbs. In like manner, the sportsman or Alpine tourist adapts his dress to the work in which he is engaged. But the soldier, on the other hand, has to make the severest exertion at the utmost possible disadvantage, as regards the weight he has to carry, the mode in which he has to carry it, and the entire arrangement of his dress and equipment.

[The lecturer then reminded his hearers of the mechanism of respiration, going over all the alterations in form which the chest undergoes during inspiration and expiration, illustrating the demonstration by drawings.]

Is there anything in the mode in which the soldier is weighted and accoutred likely to interfere with these natural movements, more or less at all times, and particularly when making severe exertions? You shall judge for yourselves. Here is a soldier fully accoutred in heavy marching order, strictly according to present regulations, dressed and accoutred as he would be if under orders for a march to meet the enemy. What does he carry? His clothes, great coat, field-kit, and canteen, with sixty rounds of ammunition and seventy-five caps, his haversack, bayonet, rifle, and sling, pack and straps, pouch, etc., weigh

exactly, forty-eight pounds five ounces and a quarter avoirdupois.

But, in addition to that, he has his rations for three days, his blanket, his water-bottle—making in all sixty pounds three ounces and a half. How does he carry all this? Look at him as he stands before you. The whole weight of the pack is thrown on the straps passing under the arms; mark how they press on the great vessels and nerves which you know to occupy the arm-pit. When this man has marched for a few hours, his hands and arms will swing, grow numb, and painful; and you will, in all probability, see a comrade pass his hands between the straps and the arm-pits, shake the pack, thus to give a few moments of ease, and to change the points of pressure; our friend here doing a like good turn to his neighbour. The pouch and caps, you see, are carried on the buff belt, well pipe-clayed, which runs diagonally across the chest. The bayonet and ball-bag are carried on the waist-belt. You see, therefore, that the belts are so disposed as to press most injuriously on the chest: the cross-belt, stretched by the great weight of the pouch, impedes the forward movement of the ribs; the waist-belt hinders the expansion of the inferior false ribs, which, as we have just seen, in the state of unrestricted movement, is very great; and the pack-straps press on important muscles, arteries, veins, and nerves, to a degree which only those who have carried the loaded pack can appreciate. The weight, especially when the greatcoat (as on the soldier before you) is strapped on, falls, to a great extent, without the line of the centre of gravity. A good deal of this most unnatural restraint is obvious enough to you as the man stands before you making no exertion. You can well imagine how impossible it must be to make severe exertion under so many disadvantages without suffering.

That the objections I have just offered are not theoretical, you have had ample evidence; first, in the statistics of heart-disease plainly traceable to this most injudicious system of constriction; and, secondly, you have heard, in the wards of this hospital, from the lips of many sufferers examined by me in your presence, how well aware the men are themselves that they have been disabled for life by "the belts." I can never forget the inter-

est taken by the old soldiers who were in Fort Pitt at the time when Professor Parkes, myself, and colleagues, and Major Dethon, were making careful trials of the different packs you see on the table before you. They crowded around the men on whom they were fitted; they examined and criticized the fittings; and with one voice gave their unasked testimony to the suffering they had endured while wearing the regulation pack and accoutrements.

Once more, then, before I dismiss this soldier, I ask you to look carefully to all the details to which I have invited your attention.

You will now see, if you did not before, what an important matter this is: that it does not, as I know many of you fancied, concern the combatant officer merely; but that it has most important bearings on the health, efficiency, and even the life of the soldier. To the purely military officer this question of dress and accoutrements is all-important; and it is astonishing to me how little most military men think about it. Look again at this man buttoned up to his throat; his neck still inclosed by a stiff leather stock, notwithstanding all that has been said and written in condemnation of that most mischievous and cruel collar. Look how the man is overweighted; note, again, how the weights are disposed in direct opposition to every sound principle of mechanics. Let us suppose an army or a division, dressed and accoutred as this man is—in strict obedience, be it observed, to the very letter of the Regulations—was expected by a general in command to make a rapid march over broken and difficult ground, and to appear on the field at a critical moment, as did the Crown Prince of Prussia at Sadowa: could men, hampered and overweighted as this man is, accomplish their allotted part in such an operation? Without doubt, no. One of two things must happen. If they struggle on, they must make their appearance on the field in time only to witness and share in a disastrous defeat, or they must cast away all these encumbrances. In either case, the condemnation of the system would be complete. This is not an imaginary case. When the British province of Canada was lately the scene of a marauding expedition from the American frontier, the greater part of the invaders escaped unpunished. Why? The regular soldiers were so over-

weighted that, although eager to meet the enemy, they were "too late." I mention this on high authority. I saw it in the handwriting of an officer on the spot, than whom no man living is more capable of speaking with authority on such a point.

But you will say these are military matters. Well, perhaps they are. But they are something more; they are matters of common sense and daily experience. I am myself a mountaineer born and bred, and am to this day accustomed to severe and prolonged exertion; but if I were called upon to do a day's work on the moors in such a dress as the British soldier, in obedience to the traditions, not of the field, but of the parade-ground, now wears, I should be in a state of degrading prostration in a few hours. But this is not all. Putting aside the remoter ill effects, in the shape of distressing heart-diseases, let me remind you of what I told you when on the subject of isolation. I saw the 98th regiment disembark for active service before the enemy, in almost every particular accoutred and weighted like the man before you. In a few hours, fifteen or sixteen men were lying stiff and stark on the hillside, struck down, not by the enemy, but by the sun, powerfully aided by the obstruction to free respiration and circulation offered by their dress and accoutrements; while the 49th and 18th regiments, marching and fighting under the orders of officers more experienced in tropical service, with their jackets open, their throats free, no packs on their shoulders, hardly suffered at all.

This, at all events, is the subject from a medical point of view. But you are here training to be not merely medical men, but military surgeons and physicians. Your professional life is to be spent in caring for the soldier; and we, the professors in this school, are here to teach you the military bearings of such matters as we are now discussing.

But the British is not the only army that has suffered from bad adjustment of the pack and accoutrements. The French and Prussian soldiers suffered in like manner; but some pains have been taken to find a remedy. The present mode of carrying the pack, both in the French and Prussian armies, although not perfect, is in every single particular superior to ours. Here they are. (The lecturer here showed the French and Prussian packs; also those of Colonel

Carter, and Sir Thomas Trowbridge, Barrington's, and others; and minutely pointed out wherein the difference laid between them and the one in use in the British army, showing the absence of any cross-belt, the freedom from pressure on the armpits, the better distribution of the weights, and so on—at the same time pointing out defects, and expressing an opinion that in the best of them there is much room for improvement, and that the weight in all is too great. Some of the packs shown were peculiarly interesting, inasmuch as they were contrived by men who had themselves carried the British regulation knapsack, suffered in so doing; and, "knowing where the shoe pinched," had exerted their ingenuity to contrive something better.)

Is there any prospect of a remedy for this great evil? I am happy to say there is. Some result has followed the consideration given to this question in this school. A committee of general and medical officers of experience is now investigating this matter, under the authority of the War Office and Horse Guards. My colleague, Dr. Parkes, is on this commission, and mainly to his unwearied exertions the present hopeful prospect of a beneficial change is due. Dr. Parkes has not only done more than any one else to demonstrate the great mischief worked by the present system, but has brought a great deal of mechanical skill to bear in contriving a better system—one calculated to meet not merely the physiological, but the military, parts of the problem. He has laboured to satisfy the soldier as well as the doctor.

There is every reason to hope that the present knapsack and all its ill-contrived belongings will soon only be seen in our museum upstairs, among other curious examples of "how not to do it." Ere long our men will be rid of this encumbrance, which has long sat on their shoulders like the Old Man of the Sea on those of Sinbad the Sailor. When this comes to pass, those who succeed you on the benches you now occupy will, I am confident, have fewer opportunities of studying the affections of the heart of which you have seen and heard so much in this hospital; the efficiency of the service will be immensely promoted; and the British army will cease to throw out into the civil population every year a large number of men so organically damaged as to be unable to earn their bread in any laborious occupation.

It may perhaps be said that, in time of peace, soldiers are not obliged to carry such a weight as the man did who was before you a few minutes ago. That is quite true. Nevertheless, it is certain that at no period of our history was the pack more worn than at present. I find that it is worn at least once a day on regimental parade, and on all brigade and field days, at all the camps in this kingdom. I have been at some pains to ascertain from regimental medical officers the effects observed on the men, particularly on field days. Some do not appear to have paid much attention to the subject, but the majority seem alive to the ill effects of the pack and accoutrements.

Many men fall out in a state of extreme distress; and many surgeons assure me that nothing but a strong feeling of *esprit de corps* prevents many more from doing so. In well disciplined regiments, the practice of falling out at drill or on the line of march is discouraged. Men will suffer much rather than incur the imputation of being "soft." Some, to my own knowledge, have worked on through a field day, and have died rather than give in. An instance of this occurred at Aldershot on a field day about two years ago.

In the first of the reports on packs submitted for the consideration of the General Commanding at Chatham, by the professors of the Army Medical School, the following were the general principles insisted on.

1. To distribute the weight, as far as practicable, over the body.
2. To bring the weight, as far as possible, within the line of the centre of gravity.
3. To allow no pressure on the principal muscles, nerves, arteries, or veins.
4. To avoid most carefully all impediments to the fullest expansion of the lungs, and to the action of the heart. We insisted on this last as the cardinal rule of all; because, unless the circulation through the lungs be quite free, not only will continued exertion become impossible, but the structure of the heart must suffer. The commonest experience shows that the number of respirations and the amount of air drawn into and expired from the lungs is enormously increased by exertion. Late physiological inquiries have shown that the elimination of carbonic acid is also prodigiously augmented, and this is a necessary sequence of the muscular contraction. If this elimination be prevented by

interference with respiration, no amount of energy or volition on the part of the man will enable him to continue his exertion.

I have shown you how immensely superior the Prussian pack and accoutrements are to ours. Yet the authorities there are determined to profit by the experience of the late war; and a Commission is now reviewing the whole question, with a view to greater improvements; and, from what I have heard, unless we are early in the field with our improved system, I suspect the Prussian army will be soon accoutred on a plan as superior to the old as that was and is to the system still in force in the British army.—*British Med. Journ.*, Feb. 16, 1867.

HOSPITAL NOTES AND GLEANINGS.

Gonorrhœa in the Male.—[The *Lancet* of March 16th, of the present year, furnishes the following interesting information in regard to the treatment of gonorrhœa in the male pursued at the prominent 'London hospitals:']—

Guy's Hospital.—Mr. BRYANT tells us he finds no treatment so successful as the alkaline. He gives the tartrate of potash in scruple or half-drachm doses three or four times a day; and in cases that have passed through the acute stage, in which want of power exists, he combines the alkali with the potassio-tartrate of iron. In many cases of chronic gonorrhœa the tincture of the muriate of iron as a medicine acts very beneficially.

The treatment of clap by injections Mr. Bryant has found very unsatisfactory. He finds that it is uncertain in its action, and at times prejudicial, the carelessness of hospital patients more than anything else rendering the practice inefficacious. Some years since he gave an extensive trial to frequent injections of some slight astringents, such as alum, in the proportions of two grains to the ounce; and when the patient injected the solution every hour a rapid cure was not unfrequently effected. A solution of tannin of the same strength was also found useful. The practice could not be followed up in the majority of cases on account of the inability of the patients to find the time for it. Mr. Bryant is now employing a concentrated solution of tannin in glycerine introduced into the urethra on a bougie at short intervals; and, up to the present, his experience speaks favourably

for the practice. He promises to report to us on a future occasion the result of the treatment.

At the *London Hospital*, where the patients are low in the social grade, and careless of their own health as well as devoid of all domestic comfort and convenience, Mr. MAUNDER usually treats a case of uncomplicated gonorrhœa so as to give as little trouble as possible to the patient himself. At both the onset and subsidence of the attack a mixture, composed of copaiba, liquor potassæ, spirit of nitric ether, and camphor mixture, to be taken thrice daily, is prescribed; and a low diet, with abstinence from malt and spirituous liquor, is ordered. Tea, milk, water, and the like may be taken to any extent. Should the case run on to the acute inflammatory stage, a scruple of acetate of potash, with or without the eighth of a grain of tartar emetic and of morphia, for a dose is substituted, and is ordered to be taken every four hours, night and day if possible. Patients generally manage to take either four or five doses during each twenty-four hours. An occasional purge. No stimulants of any kind, but as much in the shape of diluents as the patient can be induced to swallow. The potash tends to diminish the naturally irritating quality (acidity) of the urine when passed over an inflamed surface by neutralizing the acid; and bland fluids, by distributing the acidity through a large quantity of the renal secretion, have a similar tendency. Should the case degenerate into a gleet, and scalding on micturition have disappeared, twenty drops of the tincture of steel, thrice daily, is the remedy employed. In private practice Mr. Maunder prefers to treat a recent attack of gonorrhœa by oft-repeated injections of sulphate of zinc, not omitting also to apply *general principles* suitable to an inflammatory disease.

At *St. Bartholomew's Hospital*, in Mr. CALLENDER's practice, cases of acute gonorrhœa in the male are treated with injections of sulphate of zinc (two grains to one ounce of water); if there be much local inflammation the use of the injection is suspended for a time, and the inflammation is allayed by means of warm fomentations, warm baths, and the internal administration of opium in some form or another, or by the use of a suppository of morphia introduced into the rectum. During the treatment the

general health is considered according to the requirements of individual cases, and under all circumstances medicine is given to maintain free action of the bowels. Diluents are prescribed, and the urine rendered as little irritating as possible. The ordinary diet, if moderate, is not interfered with. The patients are, as a rule, very dirty, and this is a difficulty not easily got over; but they are ordered to keep themselves clean, and to bathe away the discharge from suppurating bubo or from urethra, ten or twelve times daily. The end of the penis, if covered at all, is only loosely so, that the discharge may find easy outlet and not accumulate. It is almost invariably necessary to deal with phimosis, when present, by operation, and this for the sake of cleanliness.

This, in brief, is the general plan, and one all but invariably successful. Inflammation of the testicle is set right by support (chiefly supplied by the local application of a large linseed poultice, which serves also as a kind of fomentation), by opium, and by the recommendation to remain in the recumbent position for a few days. If patients are sent to the out-patients' room with so-called gleet, the cause of the discharge is of course first investigated. If it be simply the remains of a gonorrhoea it is seldom interfered with, as it will get well of itself sooner than if harassed with reputed remedies. Of such, however, the local application of bougies, or the counter-irritant effects of blisters applied to, or of nitrate of silver rubbed over, the front of the upper part of the thigh (Scarpa's triangle) are found the most efficient. Enlargements of the glands in the groin are treated with lead lotion and rest (if attainable). If the parts around them inflame they are poulticed, and, if it be absolutely necessary, they are opened by free incision (the line of cut being, without exception, vertical), and are not allowed to break of themselves.

At *King's College Hospital*, the plan of treatment found most generally successful by Mr. Wood, is in the *acute stage*—1. To commence the treatment by prescribing abstinence from wine, beer, and spirits of all kinds, and from stimulating food. 2. Then to administer a saline aperient, or a drachm of compound jalap powder, or a drachm of jalap and calomel (if the patient be of bilious habit), at intervals of three or four days or a week during the treatment.

3. Then the administration of liquor potassæ, or bicarbonate of potash with camphor mixture, or the infusion of pareira, three times a day, with the abundant use of diluent drinks, such as toast-water, cold tea, barley-water, or linseed-tea. 4. In a day or two after the commencement of the discharge, the *frequent* injection of a weak lead lotion made with glycerine, two ounces to each half-pint. This is continued throughout the acute stage. In no instance has it been considered to be the cause of swelled testicle. 5. In swelling of the testicle, the recumbent posture or mechanical support, with hot fomentations and calomel and opium to relieve pain. In cases attended by severe pain, or where prompt relief is urgent, a small puncture into the distended tunica vaginalis and epididymis is at once followed by a diminution or entire cessation of pain. A little blood-and-serum usually issues from the puncture. In no case has this practice been followed by a bad result. Mr. Wood does not puncture the testicle itself, considering that the chief seat of the swelling in these cases is the epididymis and tunica vaginalis. In one case where the gland had been punctured by a surgeon he observed an adhesion formed between it and the skin, giving some annoyance and inconvenience to the patient. 6. To allay chordee, camphor-and-henbane pills are used, or, in severe cases, morphia or chlorodyne, aided by the local application of iced water, lead lotion, or evaporating lotion.

In the chronic stage—1. While the discharge remains thick and profuse, he uses the copaiba emulsion with dilute sulphuric acid or copaiba capsules, and frequent injections of sulphate of zinc, alum, or nitrate-of-silver lotion; recommending particularly the complete washing away of the discharge by a syringe of water, so that the injection may be applied directly to the inflamed part. 2. As a change of remedy in obstinate cases, powdered cubeba in drachm doses. 3. In sluggish cases with gleet discharge and general debility, he uses tonics and mineral acids, and especially the tincture of sesquichloride of iron, twenty minims three times a day, with water; and if the discharge becomes gleet or thin, he has found great benefit from the injection of a weak solution of chloride of zinc, and also from the perchloride of iron, mixed with glycerine and water in each

case. The two latter are his chief resource in cases of gleet not depending on stricture, varied by the application of the same substances by the use of the bougie of cocoa-butter, or with matico.

At *St. Mary's Hospital*, Mr. GASCOYEN has found that, in the very early stage of gonorrhœa, before the urethra is much inflamed, and the discharge and scalding are still slight, weak astringent injections, frequently repeated, will generally subdue the disease, in a few days. When, however, the inflammation has become severe, with profuse discharge, ardor urinae, chordee, &c., he does not use injections, but considers copaiba to be the most valuable remedy. This drug he administers in the form of capsules, beginning with small doses, and gradually increasing them until a maximum quantity of from forty to sixty drops of the balsam is taken during the day; this large dose is persisted in for two or three days, and then rapidly decreased. If the curative action of the drug be not experienced within ten or twelve days, it will fail to effect a cure. Mr. Gascoyen has frequently seen the disease yield to this treatment, and it gives almost immediate relief from ardor urinae and irritability of the neck of the bladder; should these symptoms be very distressing and the chordee severe, the medicine may be most usefully supplemented by suppositories of soap-and-opium.

The effect of the copaiba upon the digestive organs should be carefully watched, and if nausea or purging be occasioned the quantity must be at once diminished. The eruption which sometimes is produced by the use of this medicine is, in Mr. Gascoyen's experience, very rare; he considers it to depend upon an idiosyncrasy on the part of the patient, or to his state of health, as it is generally caused by a few small doses of the drug.

After the violence of the attack has subsided, or when the treatment by copaiba is insufficient, weak injections may again be employed, with drachm doses of cubebs if the discharge be very obstinate, and then quinine; tincture of iron and other tonics will often prove of service. Meat and an unstimulating nutritious diet should be given throughout, and the general health maintained, lest the discharge become chronic, when it is often most persistent and difficult to cure. In many cases wine

may be allowed from the commencement, and where the discharge shows a tendency to become chronic it will often be found of great service, and especially in persons of a scrofulous habit. Each individual case, however, requires its treatment modified according to the condition of the patient.

The treatment by salines and depletory remedies in the early stage of gonorrhœa Mr. Gascoyen has found not only useless in controlling the inflammation, but positively injurious, by allowing time for the disease to run its course unchecked before the employment of more efficient means. The so-called "abortive" treatment—that of injecting strong solutions of nitrate of silver into the urethra to destroy or cut short the disease at its onset—he has scarcely ever known to succeed; but has seen attacks of gonorrhœa much aggravated by it, and in a few instances dangerous symptoms followed its use.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

International Medical Congress.—The Editor of the *American Journal of the Medical Sciences* has received the following letter from Dr. Jaccoud, the General Secretary of the Central Commission formed to organize this Congress which will convene in Paris on the 16th of August next.

"Sir and highly esteemed Colleague: The Medical Congress will convene in Paris on the 16th August, 1867, under the auspices of his Excellency the Minister of Public Instruction. Considering the best means for insuring the success of that undertaking, the Central Committee has thought it of primary importance to invite the medical men of France and abroad to participate, and that the nomination of delegates was both the best and shortest way for that end.

"The Committee has consequently prepared a list of delegates, whose duty it shall be to transmit to the undersigned general secretary the lists of such members as intend to take part in the proposed Congress. I have the honour to inform you, dear sir and colleague, that you have been elected as corresponding delegate of the Central Committee. We hope that you will respond to our appeal and aid us in the accomplishment of our important scientific undertaking. The list of delegates will shortly be pub-

lished, and you would oblige us by an early reply in case you should be prevented from accepting the office which we are happy to confide to you.

"Please accept, dear sir and colleague, the expressions of my highest esteem, with which I remain,

"In the name of the Central Committee,

"The General Secretary,

"JACCOUD."

The Editor of the *American Journal of the Medical Sciences* will be happy to receive the names of his medical brethren and of delegates from regularly organized medical societies, who propose to participate in the above Congress and to transmit the same to the General Secretary.

College of Physicians and Surgeons—Medical Faculty of Columbia College, N. Y.—At the annual commencement of this school on the 14th of March, the degree of M. D. was conferred on 99 candidates.

Bellevue Hospital Medical College.—At the annual commencement on the 28th of February last, the degree of M. D. was conferred on 148 candidates.

University of the City of New York.—At the annual commencement on the 1st of March last, the degree of M. D. was conferred on 75 candidates.

Ohio Medical College, Cincinnati.—At the annual commencement on the 1st of March, the degree of M. D. was conferred on 47 candidates.

Miami Medical College, Cincinnati.—At the annual commencement on the 1st of March, the degree of M. D. was conferred on 39 candidates.

Charity Hospital Medical College, Cleveland, Ohio.—At the annual commencement on the 28th of February, the degree of M. D. was conferred on 25 candidates.

Female Medical Practitioners.—[We insert the following preamble and resolution in compliance with the special request of the Philadelphia County Medical Society.]

"At a meeting of the Philadelphia County Medical Society, held March 20, 1867, the

following preamble and resolutions, offered by Dr. Bell, were unanimously adopted:—

"Looking to the usefulness and dignity of the profession, which are inseparably connected with the welfare of the community, we are met with very grave objections to women taking on themselves the heavy duties and responsibilities of the practice of medicine. Their success in the walks of general literature, and even in some instances of science, which allow them a choice of time and season for intellectual labor, cannot be adduced as argument in favour of their ability to bear up under the bodily and mental strain to which they would be unceasingly subjected in this new vocation. The physiological peculiarities of a woman, even in single life, and the disorders consequent on them cannot fail frequently to interfere with the regular discharge of her duties as physician in constant attendance on the sick. How much greater must be the interruption to these duties if she enters the married state and becomes a mother and the nurse of her child. Her delicate organization and the predominance of her nervous system render her peculiarly susceptible to suffer from, if not liable to sink under, the fatigue and the moral shocks which she must encounter in her professional rounds. Man, with his more robust frame and trained self-command, is often barely equal to the task. The home influence of woman is one of the greatest benefits growing out of Christian civilization. More especially is this manifest when we look at her as the head of the household—a help-mate to her husband, and the guide, instructor, and loving friend of her children, whose future happiness and respectability depend so much on her tuition and example. What would be the state of the household, what the present condition and prospects for the future of the children, when deprived to a considerable extent of their natural guardian, who would be engaged all day, and not secure against calls in the night, in the service of the sick? Nor when she is at home, can the mother, worried and fretted and anxious about her patients, give healthy milk to her infant, nor be in a fit frame of mind to interchange endearments with the other little ones, to receive their confidences and to offer advice of restraint or encouragement, as the case may be.

"Once engaged in the practice of medicine, a female physician will not long confine herself to attendance on persons of her own sex. Curiosity, caprice, the novelty of the thing, would induce some men to ask the professional advice of a woman doctor. It is sufficient to allude merely to the embarrassments of both parties in this their new relation to each other. If her services be restricted to the female portion of the family, there must be a regular physician to attend the males, and thus there will be constantly two physicians in the service of the family, with all the chances of counter-prescription and advice, by each party passing the lines of the other, and of breaches of ethics, misunderstandings and heart-burnings. If a female physician be once received in full standing, and professional intercourse in consultation, or at other times be allowed with a physician of our own sex, the greatest latitude will be taken and given as is proper and usual on such occasions, in a statement of the case of disease, whatever it may be—its symptoms, and causes, and details of treatment, therapeutical and physical. Will the woman gain in these meetings by ceasing to blush, while discussing every topic as it comes up with philosophic calmness, and the man be improved in the delicate reserve with which he has been accustomed to address persons of the other sex in the sick room? The limits of modesty once passed in this professional intercourse, will the additional freedom of speech and manner thus acquired, impart grace or dignity to a woman in her new character?

"Could woman be induced to see the true line of duty in relation to medical study, it would be to learn preventive medicine by acquiring a suitable knowledge of physiology and hygiene, so that they might be enabled to preserve their own health and that of their children, and to inculcate on the latter the close connection between the physical and the moral well-being of our nature. The field is large, and its cultivation would richly repay the labourers in it.

"In no other country than our own is a body of women authorized to engage in the general practice of medicine. The specialty of midwifery practice by women in France is hedged in by regulations which call for the assistance of medical men in every case of difficulty or doubt.

"Moved by the considerations now set forth, be it therefore

"Resolved, that in conformity with what they believe to be due to the profession, the community in general, and the female portion of it in particular, the members of this society cannot offer any encouragement to women becoming practitioners of medicine, nor can they consent to meet in medical consultation such practitioners."

Lectures on Obstetric Surgery.—Dr. HORATIO R. STORER announces that at the request of several members of the profession, he will deliver a private course of twelve lectures upon Obstetric Surgery, during the first fortnight in June, at his rooms in Boston. Gentlemen attending the course will be required to show their diplomas. Fee \$50.

HOTEL PELHAM, BOSTON, 28th March, 1867.

OBITUARY RECORD.—It is with deep regret that we record the death, on the 16th April, at his residence, Howellville, Delaware Co., Penn., of our esteemed friend, Dr. CASPER W. PENNOCK, in the 68th year of his age.

Dr. P. was universally respected for his highly honourable character, his extensive professional attainments, and the zeal with which he laboured to extend the boundaries of our science. He contributed to the *American Journal of the Medical Sciences* several valuable papers, the results of his investigations, and he would doubtless have attained to the highest rank in our profession had not his health become seriously impaired, which compelled him some years since to relinquish his professional pursuits. He afterwards retired to his country seat, but his disease made steady progress, and at length closed a career which, at its commencement, held forth promises of being a most useful, brilliant, and honourable one.

Died, in New Orleans, March 20, 1867, THOMAS HUNT, M.D., President of the University of Louisiana, one of the founders of the Medical College of Louisiana, and Professor of Physiology and Pathological Anatomy. The faculty of the Medical Department of the University of Louisiana, the Board of Administrators of the University of Louisiana, and the faculty of the Law Department of the same University have severally adopted resolutions highly laudatory of the character of the deceased, expressive of their regret at the loss they have sustained by his death, and of sympathy with his family.

FOREIGN INTELLIGENCE.

Death from Chloroform.—Another case of this occurred on the 2d of last March, at the North Staffordshire Infirmary. The patient was a boy, aged fifteen, who was about to be operated upon for the removal of necrosed bone from the stump of an amputated thigh. Between two and three drachms of chloroform were used. On post-mortem examination the right side of the heart was found loaded with dark coloured blood, and the lungs were highly congested.—*Lancet*, April 6th, 1867.

Prejudices concerning Breast Milk.—M. DEVERGIE and M. BOUDET have been carrying on a discussion relative to ill-regulated nourishment of infants, which is of some practical interest. M. Devergie asserted that nine months' milk was too rich for a newborn infant. M. Boudet declares that chemical analysis demonstrates that, from the first to the eighteenth month, the milk scarcely changes at all. It follows that the supposed danger of feeding a new-born infant with the milk of a woman who has been nursing twelve months is chimerical. M. Boudet also combats the wide-spread opinion, that a newborn infant rejuvenates the nurse's milk.—*British Med. Journ.*, Feb. 16, 1867.

Fever in London.—At the annual meeting of the London Fever Hospital, Dr. MURCHISON read a very interesting and important medical report of the institution. The number of patients admitted last year, 3577, was greater, with one exception, than in any year since the foundation of the hospital; and during the last five years the number admitted has been 15,351, or nearly one-half as many as during the previous sixty years. Typhus, the fever the prevalence of which is connected with overcrowding and destitution, had prevailed to an unprecedented extent during the last five years; but last year the numbers with this fever were less than in 1864. During this year typhus was more generally distributed throughout the metropolis than when it commenced, in 1861. The enteric fever, an endemic rather than an epidemic disease, due, it was believed, to bad drainage, had risen during 1865 and 1866 from an average of 181 to 520 and 575, an increase which was ascribed in a great mea-

sure to certain climatic influences. Of the 3577 admitted during the year, 2890 had been discharged recovered, 55 had been sent to other hospitals, and 638 had died. This high death-rate was explained to be owing to the fact that a great many patients were sent to the hospital in a dying state. Five of the attendants had died, four nurses and the resident medical officers, through fever contracted while at their duty.—*British Med. Journ.*, Feb. 16, 1867.

Filters and other Purifying Agents.—The *Lancet Sanitary Commission* has published two reports on this extremely interesting subject, to which we would especially invite the attention of our readers.

In the first report (*Lancet*, Jan. 12, 1867) it is stated that the following filters have been examined: 1st, the Siphon-Filter of the London Water-Purifying Company, in which the filtering and purifying material is animal charcoal; 2d, the Moulded Carbon Filter of Messrs. Atkins and Son; 3d, the Silicated Carbon Filter patented by Mr. Dahlke; and 4th, the Magnetic Carbide Filter of Mr. Spencer.

1. The filtering apparatus, Mr. Danchell's patent, causes the water to pass *upwards* through the filtering material, instead of downwards, as in the ordinary arrangement. The intended effect of this is that matters spontaneously settling down are not deposited upon the filtering material, and do not therefore help to clog its pores, and further, that the suspended matters strained from the water, being separated as they always are mainly at the surface of the filtering material, fall away from it in this case and deposit elsewhere; the consequence of this effect being that the filtering material requires less frequent cleansing. The filtering material is contained in a stoneware, wide-mouthed jar, standing on feet, and perforated at the bottom. The lid, also of stoneware, is fitted water-tight into the mouth of the jar by means of a washer and clamp, and can be removed when desired for the purpose of cleaning out the filter. Immediately under the lid is a small chamber, in which the pipe delivering filtered water arises. This pipe leaves the jar either through a hole in the lid or the side of the jar, according to convenience. When it passes through the lid, it passes upwards over the edge of the cistern, on the floor of which the filter is placed, and

is then carried down the outside of the cistern to a lower level than the bottom of the filter, and there terminates in a tap. In this case the pipe forms a siphon, which requires to be set in action by withdrawing the air from it before the water will flow; but it will then continue in action, unless the water in the cistern is allowed to run out. If the pipe passes out through the side of the filter, it is conveyed downwards through the floor of the cistern—at least this is the usual arrangement—and commences to act as soon as the filter is covered with water; it will then continue in action so long as the bottom of the filter is under water. With the exception of the small cavity under the lid, the entire jar is filled with animal charcoal, in the form of charred bones, broken into small pieces, and freed from dust. There is no chamber for storing filtered water; this being plainly both incompatible with the mode of action of the filter and unnecessary. The water is filtered at the time it is drawn off for use—a point in the filter made much of by the proprietors, and it is one in its favour, though of little importance if the water is purified from organic matters by the charcoal, for then the water will not grow stale by standing in a close reservoir. The filter is readily cleansed and the charcoal renewed, which is a decided merit.

2. The Moulded Carbon Filter consists of a block of charcoal, stated to be formed of bone-charcoal, oak-charcoal, and coke, all ground to the finest powder, and incorporated together by pitch. This compost is then placed in steel moulds and subjected to hydraulic pressure of three tons to the square inch, and afterwards heated to a temperature of 1000° Fahr., so as to carbonize the pitch. A perforated cork is fastened into a hole in the block, and through the perforation a glass tube passes to the centre of the block. The filter-block thus prepared is placed in the upper chamber of the filtering vessel, with the glass tube projecting downwards from the block, and passing by means of another perforated cork through a hole in the bottom of this chamber into the lower chamber which stores up the filtered water. When water is poured into the upper vessel, it percolates through the block to its centre, and then passes, filtered, down the glass tube into the lower chamber. The advantages claimed for this filter are excellent mechan-

ical filtration in consequence of the density of the cake of charcoal through the pores of which the water passes; the chemical action, not only of the animal charcoal on the organic matters, but also of the vegetable and mineral charcoal on other matters dissolved in the water not definitely described; and, lastly, simplicity of structure, and the capability of being readily cleaned by any one. To cleanse one of these filters the block is removed and washed—if necessary, scraped—and blown through by means of the glass tube. In this way the filter appears to be effectually cleaned by a process which could hardly be simpler.

3. The Silicated Carbon Filter consists of a mass of "silicated carbon," varying in thickness according to the work to be done by it, cemented water-tight into the filtering vessel, so as to divide it into two compartments. This silicated carbon is prepared from the coke of the Boghead coal or Torbane-hill mineral—the substance which some years ago was the cause of a celebrated lawsuit, the issue depending upon the decision as to whether it was coal or not coal. The coke is ground to powder, and incorporated with pitch by the aid of heat. It is then formed into cakes by pressure, and subjected to a high temperature in "saggers," so as to carbonize the pitch. The filtering mass is arranged in the filter by placing a layer of animal charcoal, mixed with particles of "silicated carbon," between two of the prepared cakes cemented into the vessel. The upper cake is made much more porous than the lower cake, and separates only the coarser impurities, the filtration being completed by the latter. The proprietors of the silicated carbon claim for it active properties not possessed by simple charcoal, and due to the presence of *minutely divided silica*. They also state that their filter, instead of removing carbonic acid from the water, adds to the quantity already contained by it. The filter is as readily cleaned as the moulded carbon filter, and is exceedingly simple in structure.

4. The Magnetic Carbide Filter differs from the others just described in depending not upon the action of charcoal for its effect. The substance denominated by Mr. Spencer, the patentee, the magnetic carbide, seems to be a magnetic oxycarbide of iron, differing from the magnetic oxide of iron in containing some carbon. It is obtained by

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heating together in close vessels hematite or red oxide of iron with sawdust. It is powerfully attracted by a magnet, and even possesses itself marked magnetic powers. The filter for domestic use consists of a stoneware jar, divided into three chambers—the lowest for storing the filtered water, the middle for holding the filtering material, and the top for receiving the water to be filtered. The lower partition, on which the filtering substances rest, is provided with a hole protected by a patented invention for keeping these substances from passing through. On this partition is placed a thin layer of sand, and over this a deep layer of magnetic carbide in coarse powder. The upper partition is perforated with holes, the upper surface of the perforated part being covered by a stoneware dome, usually left open at the top, but intended to be loosely stopped with sponge when the water to be filtered contains much suspended matters, and thus to prevent clogging of the filtering bed. The properties claimed for this filter are that of removing nearly all dissolved organic matter from water, and that of retaining the power of doing so for an unlimited period, and of therefore needing no renewal of material, unless water with much suspended matter is allowed to pass through it, or water highly charged with carbonate of lime in solution: for then the filter may become clogged, and consequently require cleansing. The filtering material is not readily got at; but used with the water ordinarily supplied to towns, to do so is unnecessary. Mr. Spencer has placed it in our power to establish in these reports the correctness or otherwise of the stated *permanence of action* possessed by his magnetic carbide, a property not possessed by charcoal, and one, therefore, sufficient to place the magnetic carbide filter before all others, if belonging to it. The magnetic carbide is a substance suitable for laying down in the filter-beds of water companies, and is in use in this way at Southport and elsewhere.

In the second report (*Lancet*, March 23) it is stated that from the results obtained the following conclusions were arrived at:—

1. Whether suspended or in solution, the organic impurities which are ordinarily found in river water can be almost entirely removed from it by certain modes of filtration, the water thus filtered rivalling in purity the best natural drinking-waters.

2. The mode of filtration which, on the

whole, does this most satisfactorily is that of Spencer's magnetic carbide filter. Fed with water from a Thames waterworks stored in a house cistern, it gives a rapid supply of water of excellent sensible qualities, bright and colourless, free from odour even when warmed or stored up for days, and with only that slight agreeable taste belonging to a pure calcareous and moderately aerated water, and containing only an exceedingly minute quantity of organic matter. It has not been found to communicate any substance to the water. (Mr. Spencer states that it adds carbonic acid to the water, this gas being produced by the slow combustion of the organic impurities removed from the water itself; our experiments did not enable us to detect any positive alteration in the quantity of this gas contained in water passed through it, except that with *freshly employed* carbide the filter removed some of this gas from water.) Lastly, this mode of filtration depends mainly upon the action of a substance—the magnetic carbide—the purifying properties of which show no evidence of being affected by use.¹

3. Filtration as performed by the silicated carbon filters is also very effectual, and very little inferior to that by the carbide filters; but the water yielded by them is not so free from organic matter as that yielded by the filter last mentioned. To this conclusion we have to append one or two comments. In brightness and freedom from colour, the water delivered by the jar filter sent in to us rivalled that from the magnetic carbide, except at first, when the water used to be slightly opalescent from suspended carbonate of lime. The organic matter in the water—according to our experiments, not belonging to the water with which the filter was fed, but communicated by the filtering material—gave no unpleasant character to the water, and was probably harmless. For some time the water delivered by the filter was charged with caustic lime—was, in fact, a diluted *lime-water*. The water was then, of course, free from carbonic acid; and it is still

¹ In our first Report we stated that magnetic carbide filters were asserted to be permanent in their action unless they were constantly fed with water highly charged with carbonate of lime in solution, or with water containing much suspended matter. Mr. Spencer has written to us to say that carbonate of lime in solution and matters suspended have not been found to interfere with the permanent action of the carbide; so that we erred in our statement.

delivered soft, and with only a little dissolved chalk—a result due most probably to the action of some caustic lime still remaining in the filter, either in the cement or the filtering medium. The presence of this lime must be taken into consideration in estimating the action of the filter upon organic matter: for the precipitation of the chalk dissolved in water by the addition of lime (Clark's process) serves also to precipitate much of the organic matter contained in the water. Another point, already alluded to, in this sample filter, is, that it has always given such exceedingly slow passage to water as to make it yield a very limited supply, and is now nearly clogged up, though only milk and Thames water have been passed through it. We have thus been unable to pass that large quantity of water through it which was desirable. Unless we can have rapid purification of water by a filter, we evidently cannot attach much value to it. Lastly, we have to remind our readers that, besides the coke of the Boghead coal—of itself sufficiently complex in composition—animal charcoal is contained in the filtering beds; so that it remains quite uncertain from our experiments, made according to the opportunities offered us, to what extent the "silicated carbon" possesses purifying properties in itself. We have made a rough trial of the pocket silicated carbon filter, and found it to give a rapid supply of water very little improved by passage through it. We have recorded some experiments which we also made upon water passed through the main service filter at the London Hospital, and it will be remembered that the water was about as free from organic matter as that which was delivered by our jar filter. It was, however, slightly opalescent in a depth of two feet. It seemed to contain a moderate quantity of carbonic acid and dissolved chalk. The action of the silicated carbon filter is not found to be permanent, but we have no facts on this head to communicate.

4. The animal charcoal filter of the London Water Purifying Company possesses, when new, remarkable purifying powers upon water the organic impurity of which is in solution. As a mechanical strainer, however, it is imperfect; and as a purifier of water from matters in solution it manifestly declines in power by use. It is, therefore, hardly trustworthy.

5. The cistern filter of Messrs. Atkins & Co. acts much the same as the last-named filter—judging from the one sent for examination. At first the Danchell filter removed the dissolved organic matter more effectually than the moulded carbon filter; but it lost this superiority after it had been some months in use. On the other hand, the latter filter is slightly better as a mechanical strainer. The water we obtained at Columbia-square, which had passed through the cistern filters there fitted up by Messrs. Atkins, was quite bright and contained no more dissolved organic matter than the cistern filter they sent to us.

6. The simple moulded carbon filter renders water somewhat clearer and a little purer; but we cannot recommend its use as furnishing any material safeguard against drinking impure water.

Superiority of Man over Woman.—It has long been observed that among peoples progressing in civilization the men are in advance of the women; whilst amongst those which are retrograding, the contrary is the case. Just as, in respect of morals, woman is the conservator of old customs and usages, of traditions, legends, and religion, so in the material world she preserves primitive forms which but slowly yield to the influences of civilization. We are justified in saying that it is easier to overthrow a government by revolution than alter the arrangements in the kitchen, though their absurdity be abundantly proved. In the same manner woman preserves, in the formation of the head, the earlier stage from which the race or tribe has been developed, or into which it has relapsed. Hence, then, is partly explained the fact that the inequality of the sexes increases with the progress of civilization. To this must be added the circumstance that the lower the state of culture, the more similar are the occupations of the two sexes. Among the Australians, the Bushmen, and other low races, possessing no fixed habitations, the wife partakes of all her husband's toils, and has in addition the care of the progeny. The sphere of occupation is the same for both sexes, whilst amongst the civilized nations there is a division both in physical and mental labour.—*Lectures on Man*, by Dr. C. Voer (published by the Anthropological Society).

Therapeutical Society.—A society under this title has just been set on foot in Paris. In the prospectus it is stated that its object is to successively investigate the various agents of the *Materia Medica* which have been employed from ancient to the present times. It is especially desirous of instituting numerous experiments on animals for the appreciation of the physiological action of medicinal substances, clinical observation then being resorted to in order to control these and exhibit their true therapeutical action. With this view, the Society will not be exclusively confined to medical practitioners, but will also admit into its ranks veterinarians, chemists, and all those who are engaged in experimental physiology. The number of members is, however, to be confined to sixty—viz., forty-five Doctors of Medicine, seven Veterinary Doctors, and eight Pharmacians. The *Bulletin de Thérapeutique* is declared the official organ of the Society. The Society starts well as regards officers—viz., MM. Trousseau, Honorary President; Pidoux, President; Guéneau de Mussy, Vice-President; Paul, Secretary; Delpech, Treasurer; Gubler, Bouley, and Mialhe, "Conseil de Famille;" Bricheteau, Moutard-Martin, and Hérard, Publication Committee.—*Med. Times and Gaz.*, March 16, 1867.

Cholera Prize of Twenty Thousand Dollars.—One hundred and ten works were sent this year to the Imperial Academy of Sciences of France for competition. The report is highly interesting, and gives a good idea as to the manner in which the cholera has been studied. The full prize was not awarded; but various amounts have been granted to Messrs. Legros and Goujon for their experimental researches; to M. Thiersch for his experiments on 104 mice with choleraic dejections; to M. Baudrimont for his atmospheric researches bearing upon cholera; to M. Worms for his essay on prophylactic measures; and to Dr. Lindsay, of Edinburgh, for his experiments on the transmission of cholera by the clothes.

New Medical Baronet.—Mr. WM. LAWRENCE, the eminent surgeon, has had the honour of a Baronetcy conferred on him. He has well earned this distinction by his very long and highly valuable labours for the advancement of surgical science.

New Director of the British Army Medical Department.—THOMAS GALBRAITH LOGAN, Inspector Gen. of Hospitals, has had this appointment conferred on him, vice, Sir James Brown Gibson, whose term of service has expired.

Obstetrical Society and Mr. J. Baker Brown.—The name of Mr. J. Baker Brown, of clitoridectomy notoriety, was stricken from the list of Fellows of the Obstetrical Society of London, at a meeting of the society on the 3d of April.

Without pretending to question the propriety of the above decision, we regret to have to say, that we cannot compliment the society on the patience with which they listened to Mr. Brown's defence, or on the order and decorum observed at the meeting. Mr. Brown's expulsion seems, with a large majority of the members, to have been a foregone conclusion, and that they merely attended to record their votes without regard to any explanation or exculpation which Mr. B. or his friends might be able to offer. The frequent interruptions to which Mr. B. and his defenders were subjected, the derisive laughter at their remarks, the impatience displayed to have the vote taken, and the vociferous calls with which the discussion was repeatedly interrupted, might be tolerated in this country at a political mass meeting, but certainly would not be at an assemblage of respectable and educated gentlemen met together on such a serious and painful occasion.

OBITUARY RECORD.—Died, at Waldie, near Edinburgh, March 6, 1867, in the fifty-third year of his age, JOHN TAYLOR GOODSTE. He succeeded in 1846 Dr. Monro in the chair of Anatomy in the University of Edinburgh, and as an original inquirer enjoyed a most extensive reputation. Our science no less than the Edinburgh school has sustained a great loss by his death.

—, at Birmingham, March 3, 1867, of circumscribed false aneurism of the descending thoracic aorta, caused by being thrown from his horse, J. REDFERN DAVIES, at the early age of 32. He was favourably known in this country from having served as Assistant Surgeon in the U. S. Army during the late war, and by his excellent surgical acquisitions.

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The name of Neligan is enough to stamp this work with the seal of value. The editor, who is known as a thorough and indefatigable scholar in his profession, has brought it up to the present date and made many valuable additions to it, as it was published by its late author.—*Pacific Med. and Surg. Journal*, Feb. 1867.

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